

For Ecology Use Fee Paid 10,00 Date

Tailing Address 2/05 E 47th Here  City of Hugeles State 4 Zip+49836	Home Tel:(360) 457 8882	
tity of flugeles State 4 Zip+49836	Work Tel:(300)417 - 2737	
	<b>_</b> +FAX:()	
Section 2. CONTACT - PERSON TO CAL Same as above	L ABOUT THE APPLICATION	
lame	Home Tel:()	
Mailing Address	Work Tel:()	
StateZip+4		
elationship to applicant		
Section 3. STATEMENT OF INTENT  The applicant requests a permit to use not more than cubic feet per second) from an surface water source or surpose(s) of	. ATTACH A "Lions.) NOTE: A tax parcel number or a plat not per year:	EGAL" umber is
If SURFACE WATER	If GROUNDWATER	
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  Number of diversions:	A permit is desired for well(s).	*
Source flows into (name of body of water):	Size & depth of well(s):	ıl t
Jaking River Drainage Besin	Size & depth of well(s):	3 6
Jaking River Drainage Besin	184-5 Supplement # 44-226 rom the point of diversion or withdrawal to	o the
Enter the north-south and east-west distances in feet nearest section corner:	rom the point of diversion or withdrawal to  Southwest of NW Coxu  If location of source is platte	o the
Enter the north-south and east-west distances in feet nearest section corner:	rom the point of diversion or withdrawal to  Southwest of NW Coxu  If location of source is platte  below:	o the
Enter the north-south and east-west distances in feet mearest section corner:  200 feet Section  4 of 4 of Section Township Range(E/W)	rom the point of diversion or withdrawal to  Southwest of NW Coxu  If location of source is platte  below:	the
Enter the north-south and east-west distances in feet nearest section corner:	rom the point of diversion or withdrawal to  Southwest of NW Coxu  If location of source is platte  below:	the

ECY 040-1-14 Rev. 9/95 F

**APPLICATION** 

54-32645 Appl. No.:

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.)
C.	Do you already have any water rights or claims associated with this property or system?   YES NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
Α.	Number of "connections" requested: 2 Type of connection Homes
B.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	iplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?   If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 10 ac
B.	List total number of acres for other specified agricultural uses:
	UseAcres
	UseAcresUseAcres
C.	Total number of acres to be covered by this application: 15, 27
C.	Total number of acres to be covered by this application/
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>□ YES ⋈ NO</li> <li>If yes, enter permit no:</li> </ol>
E.	Farm uses:  Stockwater - Total # of animals Animal type (If dairy cattle, see below)  Dairy - # Milking # Non-milking

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES MO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

go to wite post 144 on they 87 Mont of Ellansland

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used?

  If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
- B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

YES - NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Date

Landowner for place of use (if same as applicant, write "same")

Date

	llowing reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information re	equested above and return your ( (date).	application by

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).